

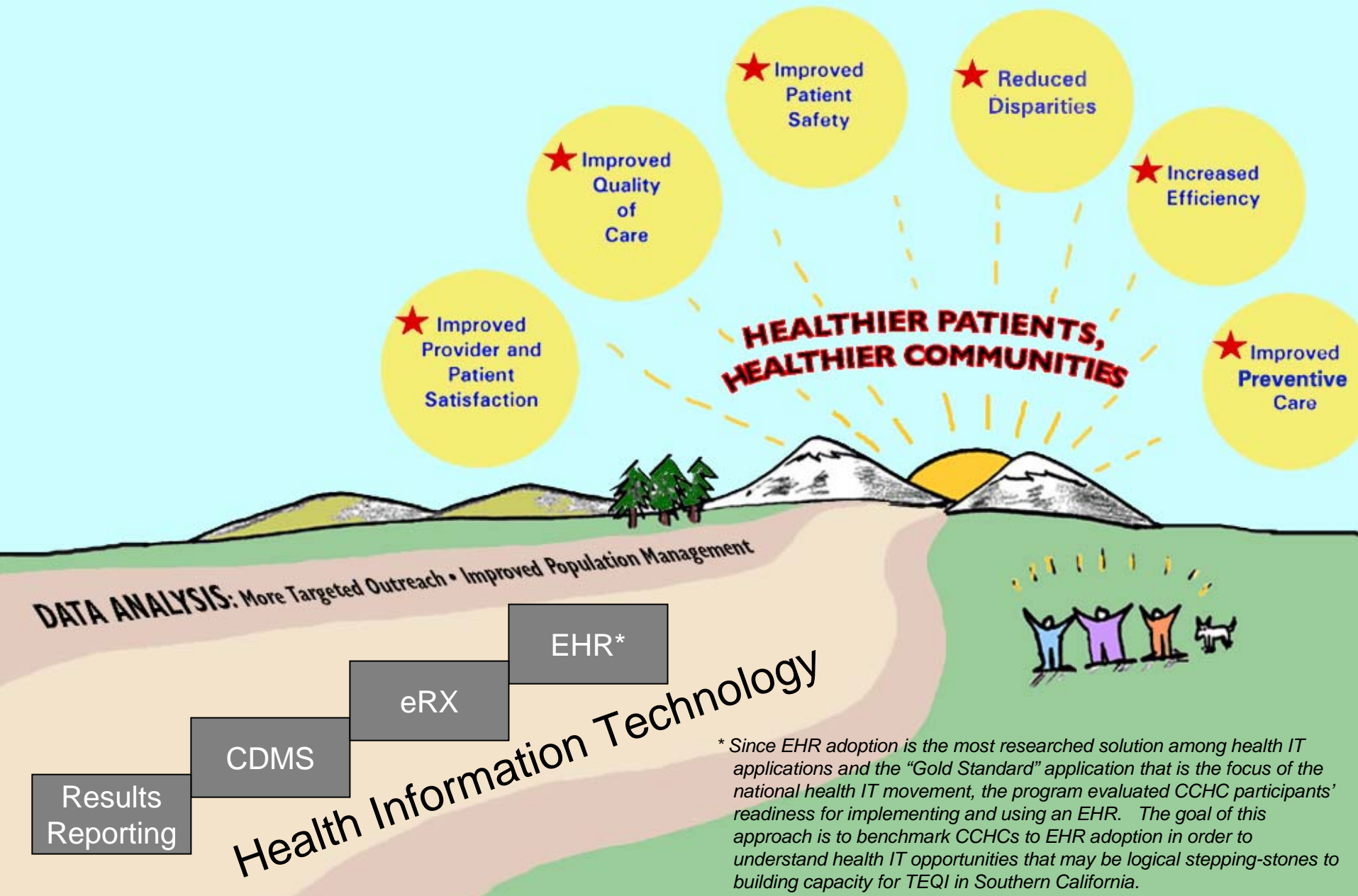
BUILDING CLINIC CAPACITY FOR QUALITY



Technology-Enabled Quality Improvement Strategies for Success

June 1, 2007

PATHWAY TO HEALTHIER COMMUNITIES



** Since EHR adoption is the most researched solution among health IT applications and the "Gold Standard" application that is the focus of the national health IT movement, the program evaluated CCHC participants' readiness for implementing and using an EHR. The goal of this approach is to benchmark CCHCs to EHR adoption in order to understand health IT opportunities that may be logical stepping-stones to building capacity for TEQI in Southern California.*

CCHC Assessment Approach

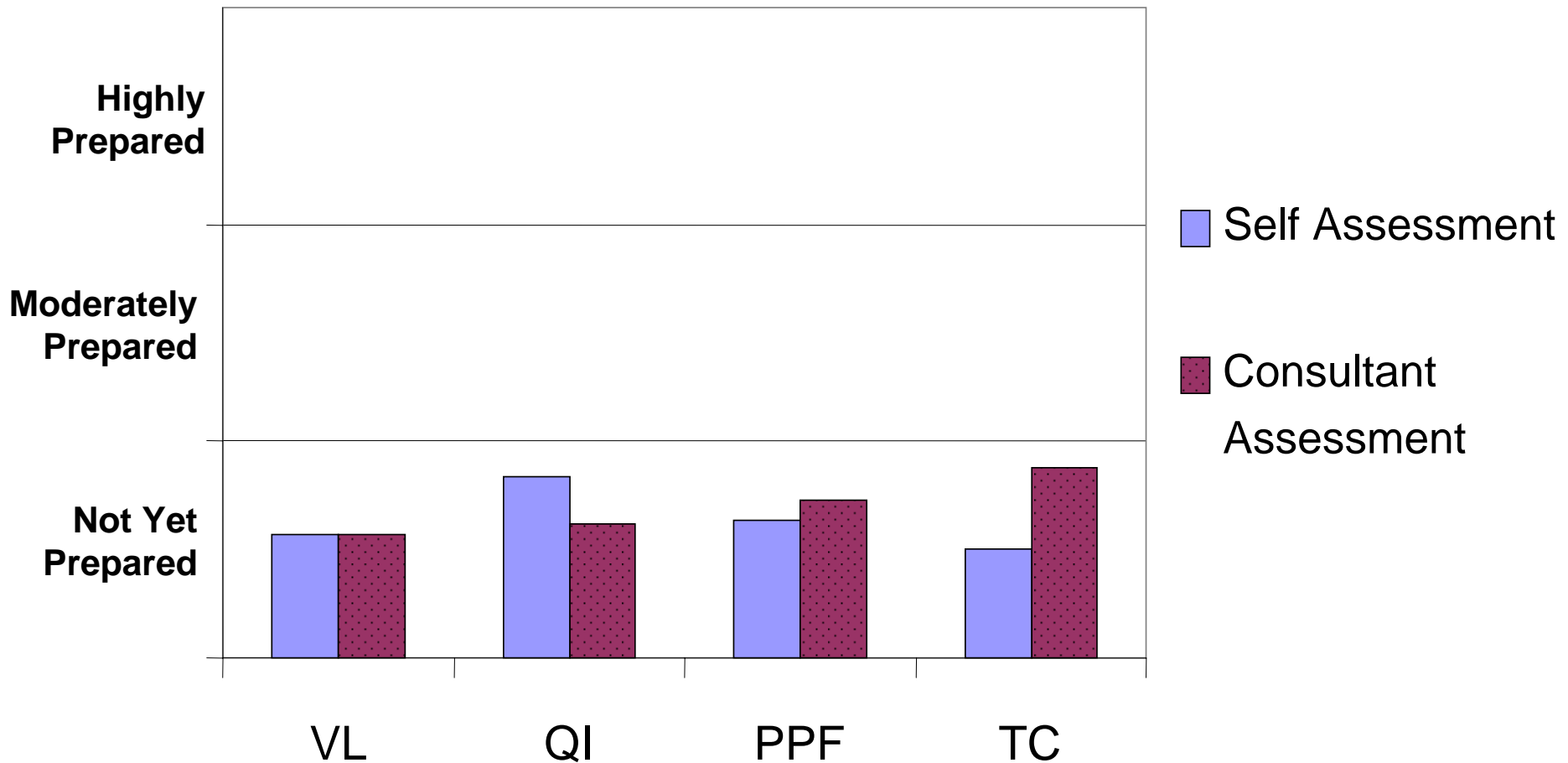
- Technology-Enabled Quality Improvement Strategy
 - ▶ Vision and Leadership (VL)
 - ▶ Technical Capacity (TC)
 - ▶ People, Process and Finance (PPF)
 - ▶ Quality Improvement (QI)

CCHC Assessment Approach

Ranking

- ▶ Highly Prepared
 - Has solid understanding of this dimension
- ▶ Moderately Prepared
 - Needs Improvement in this area
- ▶ Not Yet Prepared
 - Requires recommendations and focused plan

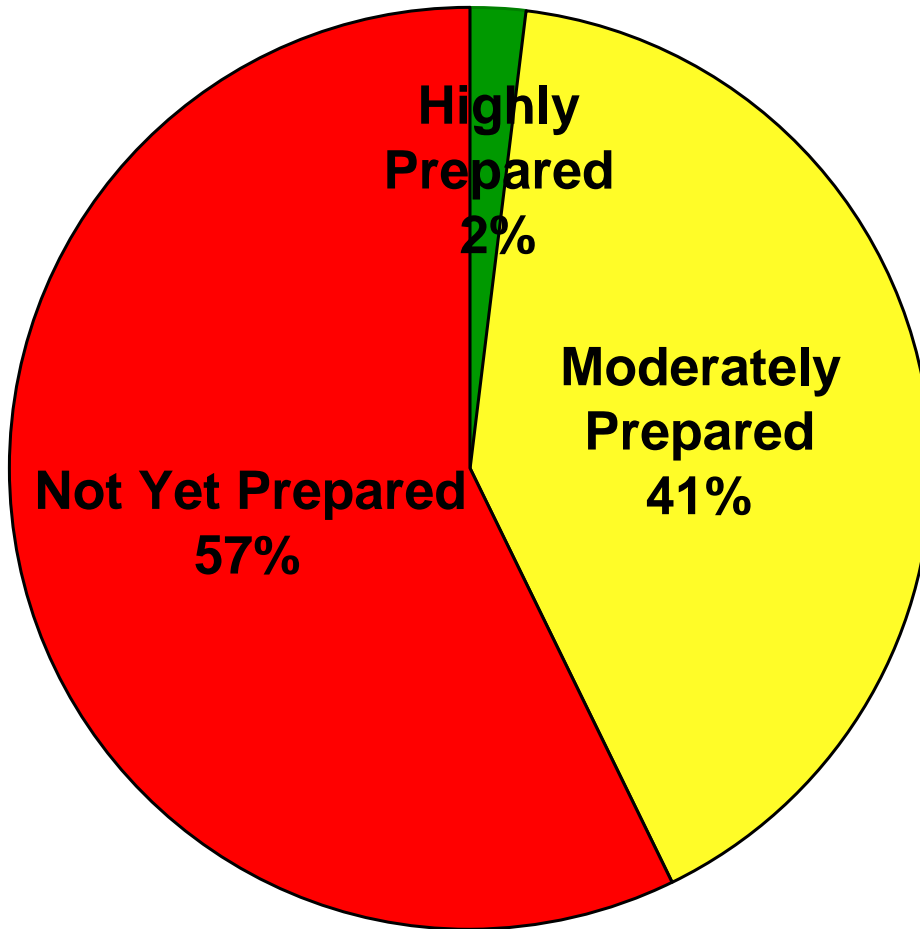
Self Assessment vs. Consultant Assessment



On average, Self Assessment and Consultant Assessment profile levels were closely aligned.

Consultant Assessment of EHR Readiness across Field

If the EHR truck pulled up to
your door tomorrow,
what would your clinic do?
– BCCQ Team Member



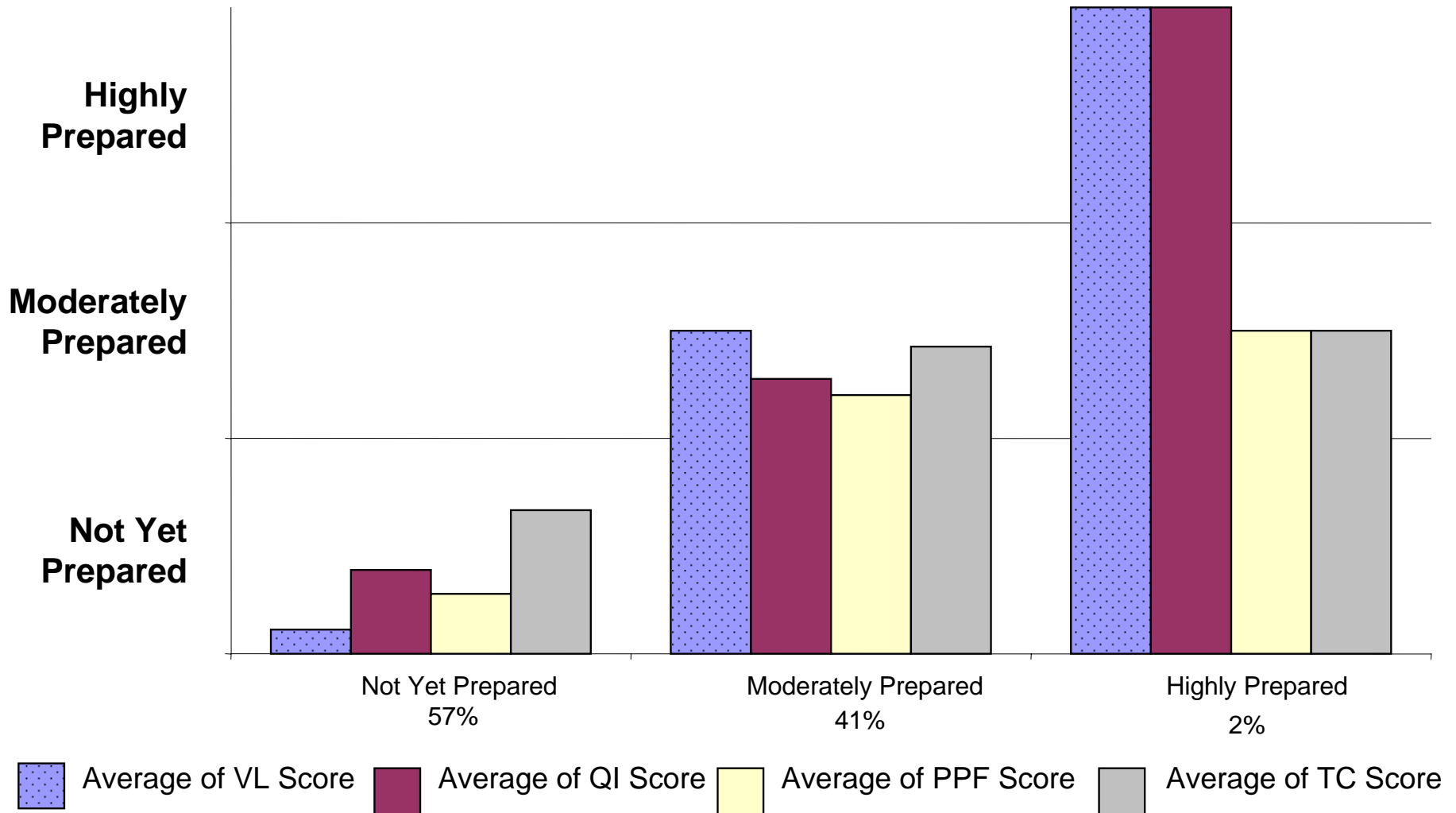
N = 50

Key Findings

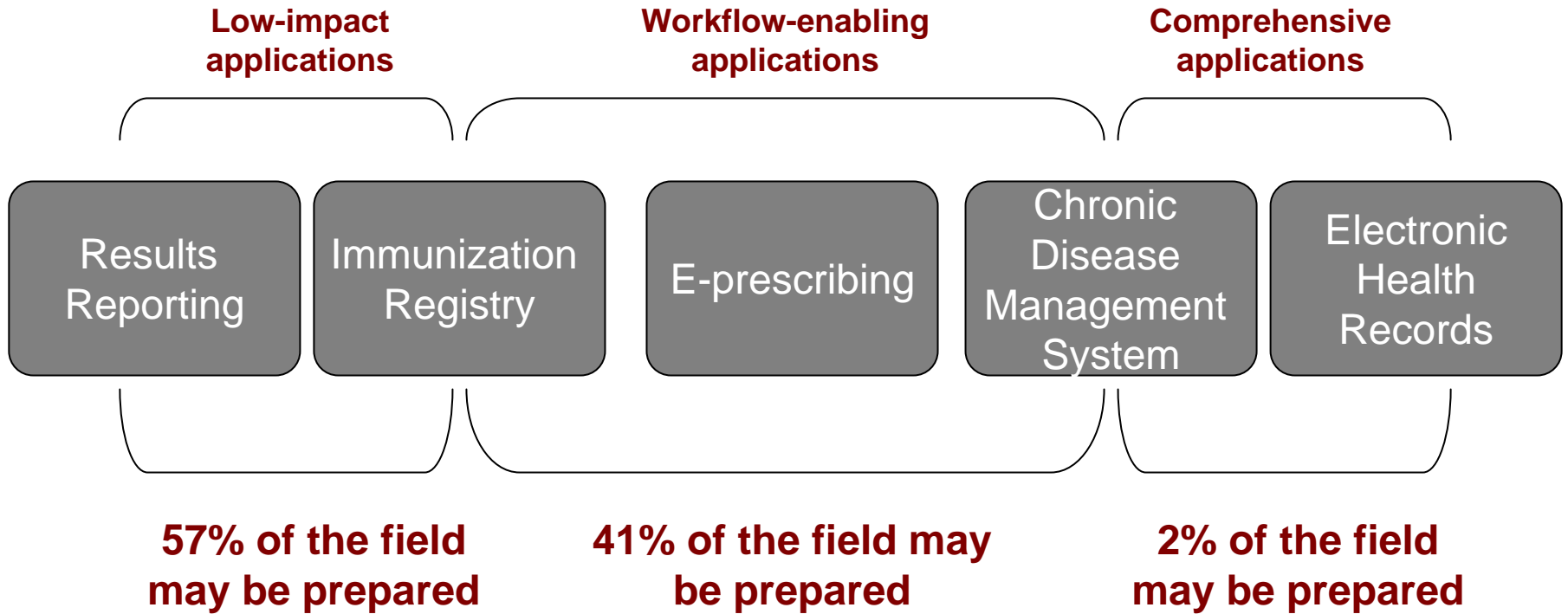
Almost half the field is moderately prepared for EHR adoption.

This indicates that there may be strong preparedness for less complex health information technologies to achieve quality improvement goals and progress down the pathway.

Readiness Profile Averages for Field-level EHR Assessment



Field Preparedness by Health IT Application



Field Preparedness by Health IT Application

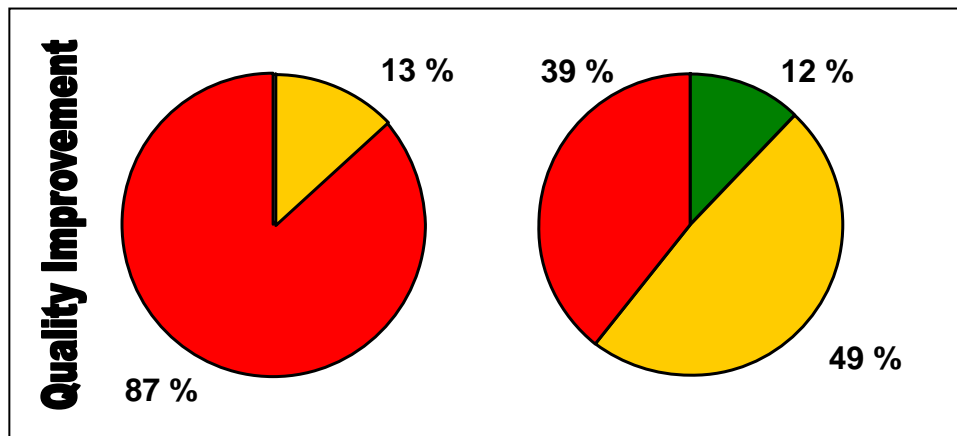
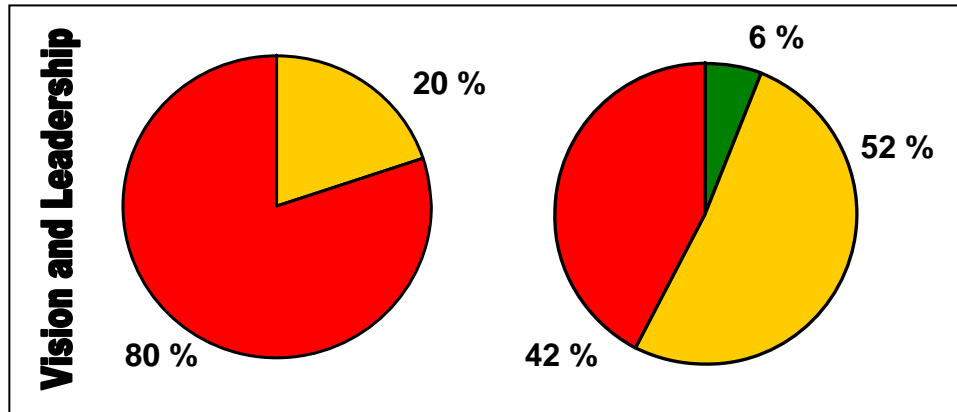
Key Findings

- ▶ The majority of the field is moderately or less prepared for EHR adoption today.
- ▶ However, readiness for incremental or “stepping stone” functionality is promising based assessment results.

Disease Collaboration Impact on Vision/Leadership and Quality Improvement




Not in Disease Collaborative
(16 CCHCs)

In Disease Collaborative
(34 CCHCs)



Key Findings

- Impact on Vision and Leadership and Quality Improvement is significant
- Impact on People, Process, Finance and Technology Capacity was not as significant

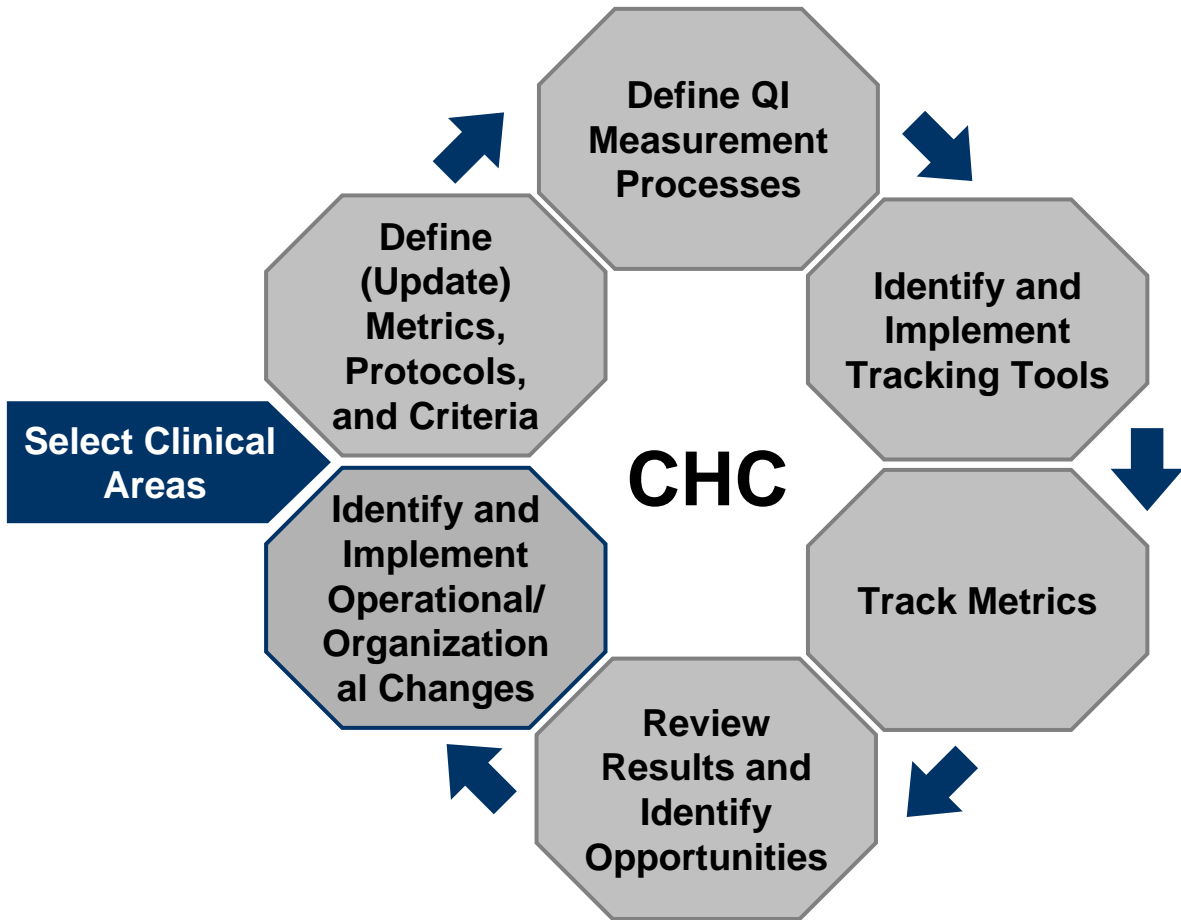
-  Highly Prepared
-  Moderately Prepared
-  Not Yet Prepared

Quality Assurance vs. Quality Improvement

Quality Assurance

- Retrospective chart review
- Peer review
- Credentialing

Quality Improvement



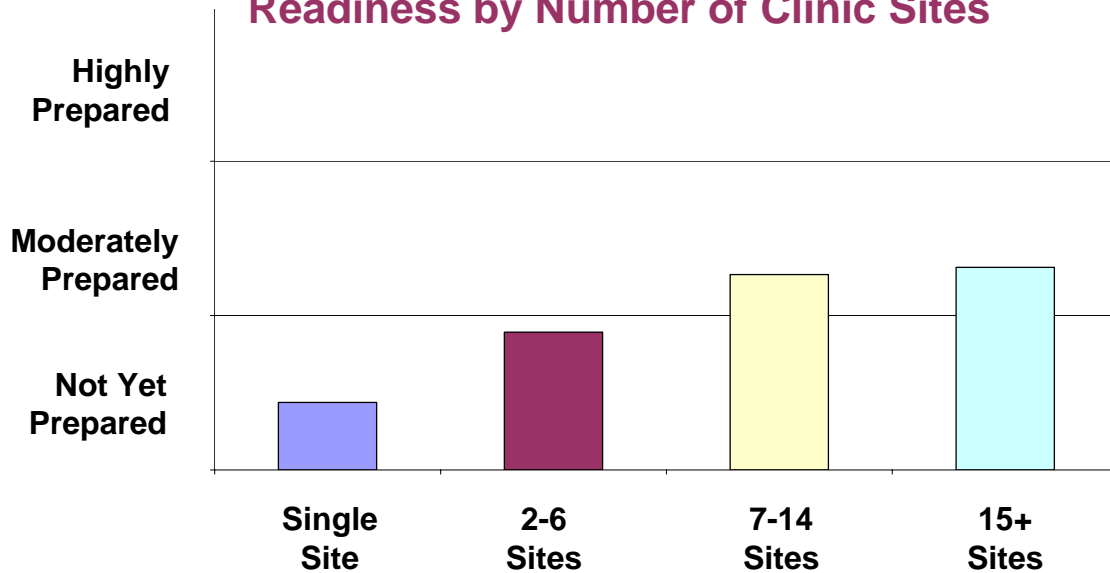
Quality Assurance vs. Quality Improvement

68% of the Field has experience with part of the process in at least 1 disease state

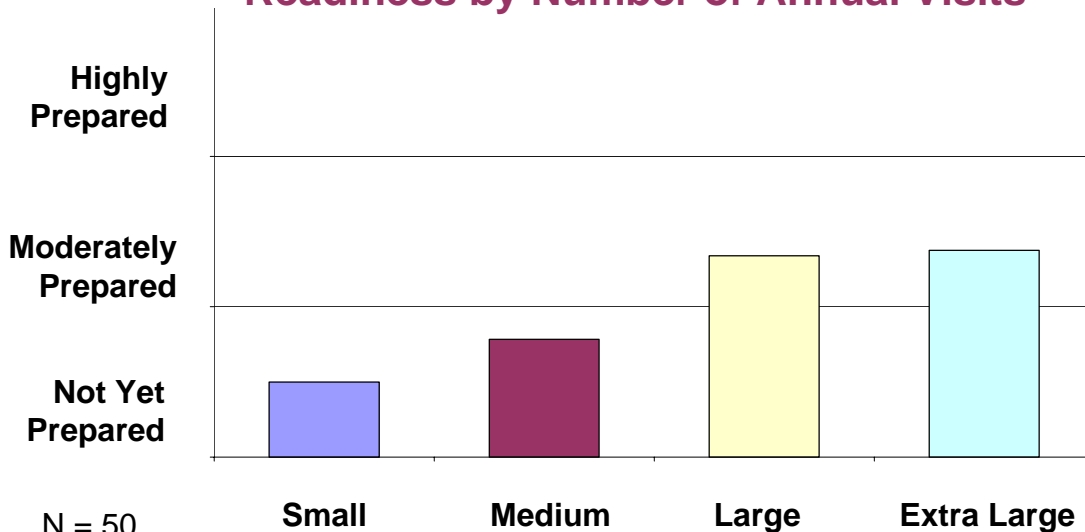
- ▶ *Very few experienced process change. Improving process is more than half the battle.*
- ▶ *Fewer have experienced results review and opportunity identification*

Readiness by Clinic Size

Readiness by Number of Clinic Sites



Readiness by Number of Annual Visits



N = 50

Key Findings

- Larger CCHC corporations may be better prepared
- CCHCs may plateau in economies of scale, or may have difficulty maintaining consistency across multiple sites
- Larger CCHCs may be more prepared due to additional infrastructure and incorporation of IT into daily operations.

Small: Up to 20,000

Medium: 20,001 to 100,000

Large: 100,001 to 200,000

Extra Large: 200,001+

BCCQ Design Principles for Phase 2

1	Health information technology use is critical to achieving widespread quality improvement
2	Incremental health IT applications that are integrated into clinical workflow move the field toward interoperable electronic health records
3	Interdisciplinary leadership is necessary to practice technology-enabled quality improvement
4	Standardization of quality measurement is key to monitoring population health effectively
5	Clinical practice improvement is a key component to optimizing patient health outcomes
6	Other resources (i.e. capital or operational) as well as use/performance incentives are necessary for achieving improved outcomes
7	Networks and collaborative infrastructure offer economies of scale